

# Art is Health

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*And yet theory was never so central to art as it is now. So, the question arises: Why is this the case? I would suggest that today artists need theory to explain what they are doing—not to others, but to themselves. In this respect they are not alone. Every contemporary person constantly asks these two questions: What has to be done? And even more importantly, how can I explain to myself what I am already doing? The urgency of these questions results from the collapse of tradition that we are experiencing today. (Groys 2016: 24)*

For *Health is art*, I will flip the terms and introduce a reverse perspective on the topic. From 2016-18, we performed our artistic research project *visions4people* in cooperation with the Department of Psychiatry and Psychotherapy at Campus Charité Mitte. We achieved intense exchanges only by leaving participatory design methods behind and opening up an informal interaction space. This led to artistic outcomes and concepts for future collaborations in the context of health care.

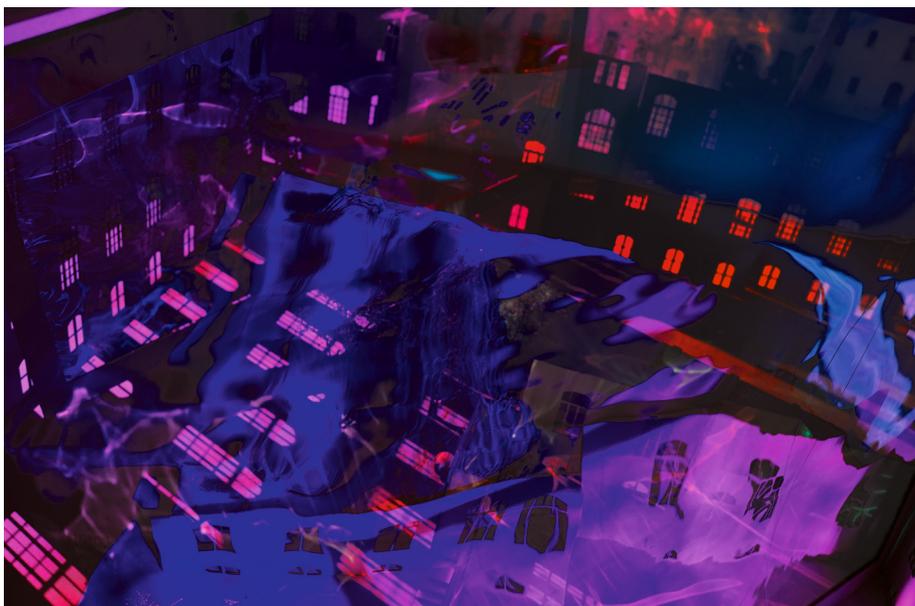
For my little essay, I will follow the thread *Make sense - Enrich environments - Make more sense - Collaborate*.

## Make sense

Artistic work means a transformation of ideas, thoughts or emotions into sensorily perceptible results. The transformed content becomes intuitively accessible for the recipient. The intensity of the reception of works of art, whether from the genres of the fine arts, music, film, theater, literature and all conceivable hybrid forms, leads to immersive experiences.

It becomes very difficult to separate the work from the site it occupies and the people in it. The work embeds itself in the person and the person embeds him/herself in the work. This encounter between art and man is socially sited and mutually contingent: no single party (work or recipient) governs the character and quality of the experience; rather, the encounter can more accurately be described as a form of “togetherness.” (Stenslund 2017: 39)

Sense emerges for and through an individual and follows its own rules and laws. The artistic outcomes may be fortifying, unexpected or provocative: they



Photos from the architectural model of the Department of Psychiatry and Psychotherapy at Campus Charité Mitte, Berlin.  
Photo: Aaron Pollmann.

touch the recipients in their existential human depth and bring them back into contact with themselves and with reality, namely of an experience that has become tangible through artistic transformation.

### **Enrich environments**

The reception of art proceeds through the senses. But furthermore, art creates sense beyond the sensory experience of its perception. This act of sense-making in the sense of generating meaning is important for the discourse on the so-called enriched environments in health care institutions. The term “enriched environments” was created by Rosenberg and Harlow in the early 60ies for surroundings that do not merely fulfil practical functions but promote synapse growth through varied stimuli, opposed to impoverished environments that do not contain enough cognitive and emotional stimuli and lead to a deprivation and stagnation of cortical synapses. The key issue for an enriched environment is whether it can stimulate, surprise, inspire, involve and question its users.

Often, these works may be more accurately described as a kind of scenography or setting that forms the backdrop of human action and interaction. Instead of being a static statement, frozen in time, the work of art becomes a

starting point, a springboard for allowing reality to continue. (Bøg Rønberg/Møller Jørgensen 2017: 27)

Institutions and situations which consist merely of practical-functional, efficient and useful object forms neglect the factors for an enriched environment. They deprive their users and are among the environs of society that are destructive and hostile to life. Unfortunately, many public institutions still have this character.

*It is by humanizing and deconstructing the technological, stringently functional and institutional hospital setting, thereby opening up an alternative to that setting, that works of art can contribute to the healing and recuperative process that is the hospital's overall raison d'être. (Bøg Rønberg/Møller Jørgensen 2017: 15)*

## **Make more sense**

To work artistically means to create sense in manifold meanings. Artistic sense-making takes place beyond function, aim, efficiency, purpose or use: it is diametrically opposed to neoliberal performance and optimization practices that have permeated almost all areas of life since the 1970s in the western hemisphere and are increasingly spreading globally.

The act of sense-making is essential for every person. Unfortunately, it is the sign of deficiency of our time that, regardless of our occupations, we are increasingly bound up in narrow regulations that lead to a precarious relationship to sense-making. To increase efficiency, we are supposed to deploy evaluations and all sorts of adapted and predefined templates created to establish a unilateral form of “participation” that the determining structure ultimately benefits from.

Can the constant request to join in and participate be understood as an extension of spheres of influence in politics and economics or as a form of “immaterial work” demanded of us that is compensated neither financially nor through participation in decision-making? (Hamm 2013: 60)

Sense-making requires time and space. So, for the sake of health, every gap or pause, every informal interaction possibility is valuable and should carefully be extended and allocated for open, permeable and creative spacetime.

## **Collaborate**

The notion of social participation, which is currently circulating as a panacea for an increasing turning away from processes that are democratic, but unfortunately in some cases disconnected and no longer comprehensible, is no more than lip service, if the affected parties are not included in the decision-making processes of public and social spaces.

*Participation has become a radical, chic and a fashionable trend among politicians who want to ensure that the tool itself does not produce critical content but becomes something that demonstrates the mere appearance of critical awareness. (Miessen 2012: 38)*

Transversal, translational, transdisciplinary, abductive, transductive: the adjectives and attributes of our time indicate a desire for permeation and a need for forms of novel movement through intellectual and physical spaces. How about taking up Foucault's notion of heterotopia and ensuring communal spaces in which various visual axes can be explored? In these informal spaces, contradictions could not only be identified and tolerated but also lead to multiple solutions. This work can be carried out especially in transdisciplinary teams with members unfolding a variety of perspectives due to their different ways of thinking.

*It is because of this crossing of the borders and status changes between art and non-art that the radical strangeness of the aesthetic object and the active appropriation of the common world have been able to come together and constitute the "third way" of a micro-politics of art, between the opposed paradigms of art becoming life and art as resistant form. (Rancière 2006: 86)*

The publication *visions4people* (Pollmann 2019) reenacts our experiences and conclusions. With our heterogeneous groups, we created a polyphony of transdisciplinary perspectives, narratives, interventions and outcomes, which takes the reader right inside the psychiatry and unfolds future visions and designs, in which the role for people in health care environments changes fundamentally: from being affected to getting involved.

### **About visions4people - Artistic Research in Psychiatry**

The publication restages the artistic research project *visions4people*, which was a cooperation between weissensee kunsthochschule Berlin and the Department of Psychiatry and Psychotherapy at Campus Charité Mitte. It was drafted and led by Prof. Tyne Claudia Pollmann who shares a background in art and medicine, and it was realized by high degree students from khb, TU and FU Berlin and people of the psychiatry from 2016-2018.

*visions4people* introduces and critically reflects all performed methods and practices of artistic research. In the field-research part, original narrative-excerpts and photographs take the reader right inside the psychiatry and to the artistic interventions. They unfold a polyphony of different viewpoints and experiences, which then lead to various artistic and scientific contributions created by the project-participants.

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Finally, an outlook unfolds future designs for transdisciplinary collaborations with people in psychiatry and discusses the impact and potential of art and artistic activities especially in health care environments. The book is a contribution for specialists and students from the disciplines of art, architecture, design, psychology, psychiatry, anthropology and sociology who are planning a similar initiative – and a basis for novel collaborative projects in projects in which the role for people in a psychiatry changes fundamentally: from being affected to getting involved.

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